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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

711539

(7)

GREATER MIAMI SHORES CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

9701 NE 2ND AVE.

9701 NE 2ND AVE



ЦS	RES FL 33138	MIAMI SHORES FL 331	38	ĺ				
				3. (Date Incorporated or Qualified 09/26/1966	3a . Da	te of Last 05/01/	
Principal Place of Business		2a. Mailing Address 26 Suite, Apt. #, etc. 27		4. 1	FEI Number 59-0822321			Applied For
Suite, Apt. #, etc.					Mot Appr			Not Applicable
22				5. (5. Certificate of Status Desired See Requ			
City & State		City & State			Election Campaign Financing Trust Fund Contribution		-	O May Be d to Fees
Zip	Country	Zip	Country		This corporation has liability fo			199.032,
24	25 9. Name and Address of Current	Posistared Asset	30]		Florida Statutes	Yes 🗌		
	9. Name and Address of Current	registered Agent	81 Nam		Name and Address of New	Registered /	gent	
SOLI, LE	TARE E		81 Nam	ie				
			82 Stree	et Address (P.C). Box Number is Not Accepta	able)		
	E 2ND AVENUE SHORES FL 33138		83					
IMIANI()	FIUNCO FL 33138		83					
	^		84 City	**************************************		FI	1 1 '	Code
11. Pursuant t	o the provisions of Sections 617.0502;	and 617.1508, Florida Statute	s, the above-named	corporation sul	bmits this statement for the pe		nging its r	egistered office
		s Such change was authorize in 617.0503, Florida Statutes.	d by the corporation	i's board of dire	ectors. Thereby accept the app	pointment as	rēģistered	agent Lam
SIGNATURE	THE SAN	woll.			ا ن	24 9	į,	
	Signature, typed or printed name of registered agent a		F. Flegistered Apant's gnatur					
	OFFICERS AND	DIRECTORS	13.		ENDITION OF COURSE OF CO.	CHOCOC AND	DUDE OLO	CACA UNIT A CO
12.	B				ADDITIONS/CHANGES TO OF	FICE HIS AIND	DIRECTO	H2 IN 15
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oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or anged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED COPPRINTED NAME OF SIGNING OFFICER OR DIRECTOF

4/24/96 (305) 981-3162